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**\*BIBDATASHEET\***

Bib Data Sheet

**CONFIRMATION NO. 8048**

SERIAL NUMBER 10/673,045	FILING OR 371(c) DATE 09/26/2003 RULE	CLASS 434	GROUP ART UNIT 3713	ATTORNEY DOCKET NO. 6858P001C6
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/971,785 10/04/2001 ABN  
 which is a CON of 09/119,546 07/20/1998 PAT 6,330,426  
 which is a CIP of 08/953,883 10/20/1997 ABN  
 which is a CIP of 08/757,129 12/03/1996 PAT 6,144,837  
 which is a CIP of 08/334,643 11/04/1994 PAT 5,601,435  
 and said 09/971,785 10/04/2001  
 is a CON of 08/958,786 10/29/1997 PAT 5,913,310  
 which is a CIP of 08/857,187 05/15/1997 PAT 5,918,603  
 which is a CON of 08/247,716 05/23/1994 PAT 5,678,571

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 01/02/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	CA	7	19	4
Verified and Acknowledged	Examiner's Signature      Initials				

**ADDRESS**

HEALTH HERO NETWORK, INC.  
 2570 W. EL CAMINO REAL  
 SUITE 111  
 MOUNTAIN VIEW ,CA 94306

**TITLE**

System and method for remote education using a memory card

FILING FEE RECEIVED 986	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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		<input type="checkbox"/> Other _____